

## ISSUE SLIP STAPLE AREA (Optional)

POSITION NO.	INITIALS	ID NO.	DATE
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## INDEX OF CLAIMS

Rejected	N
Allowed	I
(Through numeral)... Cancelled	A
..... Restricted	O

Non-elected	
Interference	
Appeal	
Objected	

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)